PTO/SB/22 (10-00)

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number 0670-7086	
CERTIFICATE OF MAILING I hereby certify that this correspondence is	In re Application of Keiichi MATSUHASHI			
being deposited with the United States Postal Service with sufficient postage as first class mail in an envisope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on	Application Number	0/593,826	Filed September 22, 2006	
	SERVICE CLASS CONTROL SYSTEM, SERVICE CLASS For CONTROL DEVICE, TERMINAL DEVICE, SERVICE CLASS CONTROL METHOD, AND PROGRAM			_
	Group Art 2617 Unit		Examiner Nizar N. Sivji	_
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and appr (check time period desired):	opriate non-small-en	tity fee are as f	ollows	
One month (37 CFR 1.17(a)(1)) - (\$130/\$65)			\$130.00	
Two month (37 CFR 1.17(a)(2)) - (\$490/\$245)			\$	
Three month (37 CFR 1.17(a)(3)) - (\$1110/\$555)			\$	
Four month (37 CFR 1.17(a)(4)) - (\$1730/\$865)			\$	
Five month (37 CFR 1.17(a)(5)) - (\$2350/\$1175) \$				
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is \$				
A check in the amount of the fee is enclosed.				
☑ Payment by EFT.				
☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.				
The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-2280. I have enclosed a duplicate copy of this sheet.				
I am the applicant/inventor	applicant/inventor			
assignee of record	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
attorney or agent Registration r	attomey or agent of record, or attorney or agent under 37 CFR 1.34(a) Registration number provided below if acting under 37 CFR 1.34(a).			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
		2	-	
August 14, 2009 Date			Signature	
Julio			tobinson, Reg. No. 38,285 ped or printed name	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
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[□] Total of forms are submitted.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case.
Any comments not he amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, P.O. Box 1450, Alexandria, VA. 22313-1450. DD NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA. 22313-1450.